

PAGE	1	OF	26
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>FREEDOM'S DEFENSE FUND</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00401786</span> </div>
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Check if ☐ 24-hour report   
 ☒ 48-hour report   
 ☒ New report   
 ☐ Amends report filed on
 

M M

/

D D

/

Y Y Y Y

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>08 / 10 / 2015</div> </div>	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount <div> <div></div> <div>313.74</div> </div>	
City WASHINGTON	State DC	Zip Code 20005	<b>Transaction ID : SE.35624</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>08 / 10 / 2015</div> </div>
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	004	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House <input type="checkbox"/> Senate District: 00 State: AL
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>313.74</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FORTH RIGHT STRATEGY INC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2015	
Mailing Address 1155 - 15TH STREET NW SUITE 410		Amount 45.61	
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SE.35625 Date of Disbursement or Obligation MM / DD / YYYY 08 / 10 / 2015
Purpose of Expenditure VOTER CONTACT MAIL	Category/ Type	004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
Calendar Year-To-Date Per Election for Office Sought		45.61	District: 00 State: AK Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

*[Electronically Filed]*

Date \_\_\_\_\_

Signature

MM / DD / YYYY